

October, 2006

Division of Alcohol and Substance Abuse

Integrated Screening and Assessment
Integrated Crisis Response
Treatment Expansion



DASA Division of Alcohol
& Substance Abuse



Integrated Screening & Assessment Tool

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Goal: Implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders by January 1, 2007.

Analysis:

- Trainings are being conducted.
- Senate staff in conversation with ESA and ADSA.

Proposed penalty process:

The integrated screening and assessment provisions will be included in all appropriate DASA contracts with treatment providers or entities such as county governments who contracted for DASA funded treatment services. Under these contracts, when the DASA Regional Administrator determines that the provider is in non-compliance, the following steps are followed:

1. Notification is sent to the agency regarding the failure to implement integrated and comprehensive screening and assessment process (ICSAP).
2. DASA staff follows up with the agency to see if corrective action has been taken.
3. If the agency continues to fail to implement the ICSAP, the following steps will be taken, in sequence, to coerce compliance:
 - A) withholding of future payment
 - B) referral to Office of Financial Recovery to recover funds already paid to agency.
 - C) termination for default of the provider contract.

Action	Who	Due Date
480 staff to be trained at 20 Training of Trainers classes. Trainers will then train within their agencies or divisions.	MHD & DASA	12-31-06
Implement integrated comprehensive screening	MHD & DASA	1-1-07
Finalize data collection and sharing agreements consistent with 42 CFR and HIPAA requirements.	MHD & DASA	1-1-07
Develop contractual penalties, as per sections 302(2) and 601(3), and amend DASA contract language.	DASA contracts section	7-1-07
Impose contractual penalties for non-compliance by providers failing to implement the screening.	DSHS through each Administration	7-1-07

Reference:

Sec. 302. (2) Treatment providers contracted to provide treatment under this chapter who fail to implement the integrated comprehensive screening and assessment process for chemical dependency and mental disorders by July 1, 2007, are subject to contractual penalties established under section 601 of this act.

Sec. 601. (1)(c) The integrated, comprehensive screening and assessment process shall be implemented statewide by all chemical dependency and mental health treatment providers as well as all designated mental health professionals, designated chemical dependency specialists, and designated crisis responders not later than January 1, 2007.

(3) The department shall establish contractual penalties to contracted treatment providers, the regional support networks, and their contracted providers for failure to implement the integrated screening and assessment process by July 1, 2007.

Integrated Crisis Response: Secure Detox

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Goal: Operate two 16-bed integrated crisis response pilots

Analysis:

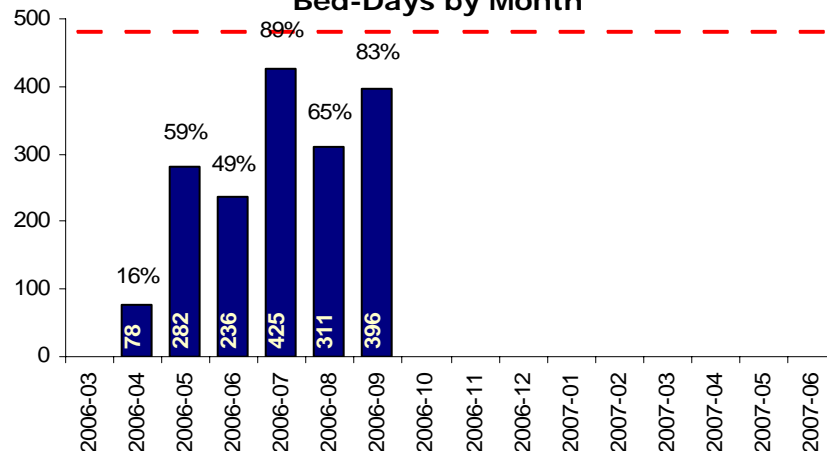
1. A bed day report from each of the secure detox agencies will be e-mailed to the DASA RA weekly (close of business on Monday) listing bed days used each day for the preceding week.
2. DASA will only reimburse cost of the those beds filled for any day that falls under the 85% utilization contract requirement. When utilization meets or exceeds 85% DASA will pay the agency at 100% as per the contract.
3. DASA RA's from regions 3 and 5 met with MHD staff on October 6th to plan a six month review of secure detox performance on meeting the legislative intent for this project. This probably will lead to joint meetings between DASA, MHD, Pierce County RSN, and North Sound RSN.

Action	Who	Due Date
Budget request to continue operating these facilities for 07-09.	DASA CFO	Sep-06
Explore request to legislature to address the increased cost of filing fees for involuntary commitment.	MHD and DASA	Sep-06
Quarterly process reports begin	WSIPP	Oct-07
Quarterly outcome reports begin	WSIPP	Jan-07
Preliminary report to the Legislature	WSIPP	Dec-07
Final report to the Legislature	WSIPP	Sep-08

Pioneer Center North

158 Admissions. 140 unduplicated clients.
1,728 total bed-days utilized through September 2006.
Average length of stay: 9 days.

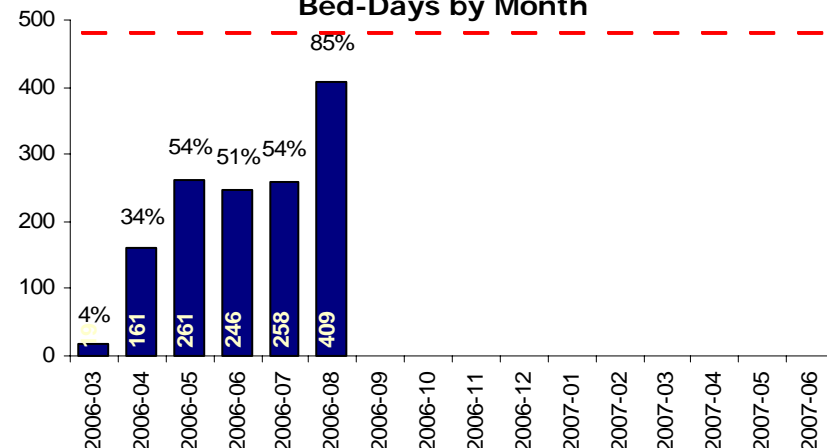
Bed-Days by Month



Pierce County RSN

141 Admissions. 124 unduplicated clients.
1,354 total bed-days utilized through August 2006.
Average length of stay: 10 days.

Bed-Days by Month

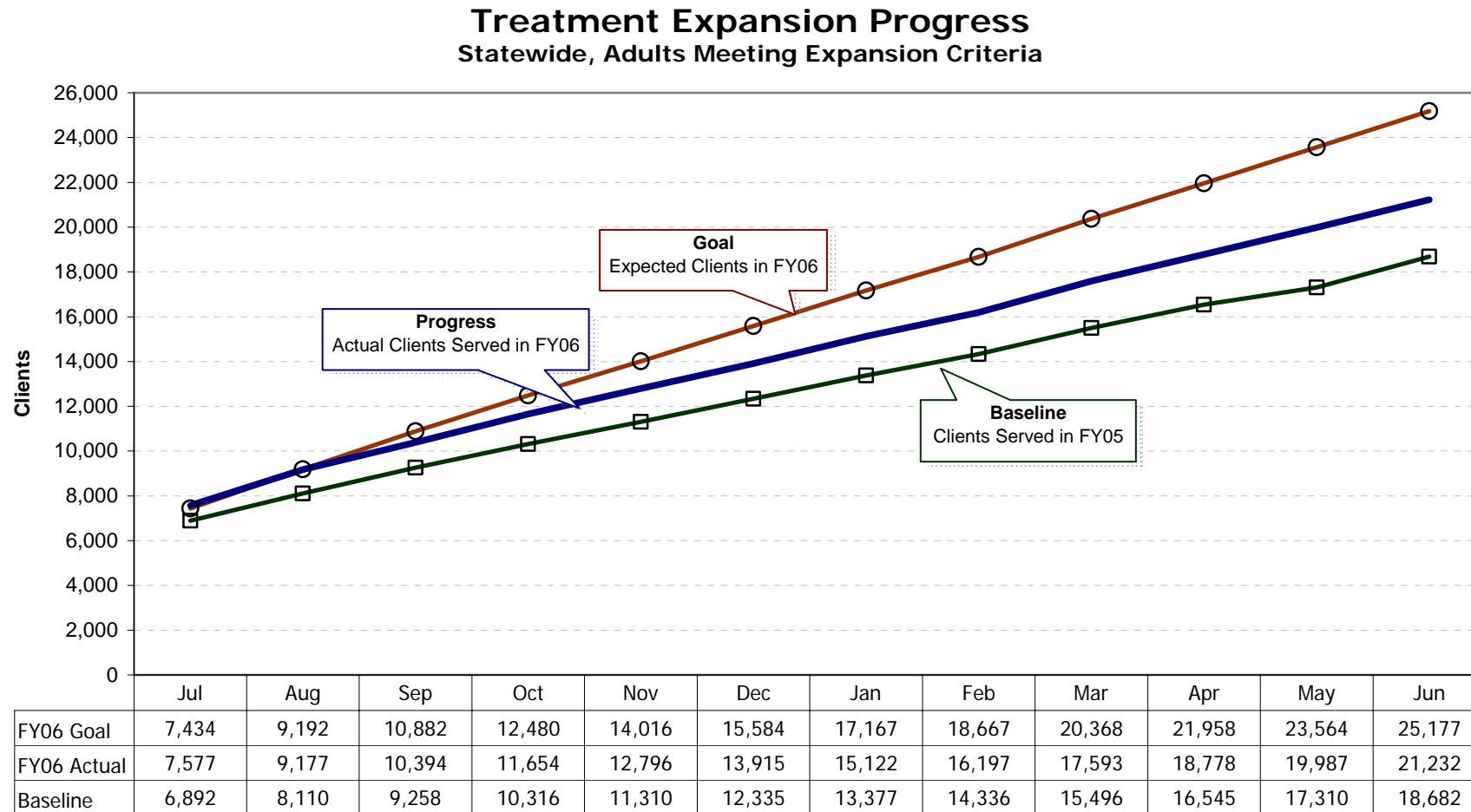


Treatment Expansion – adult progress statewide

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Goal: Increase treatment services for aged, blind, disabled, and other Medicaid-eligible adults.

Measure: The number of adults in publicly funded treatment meeting these criteria.



SOURCE: DSHS-Research and Data Analysis. DASA Treatment Expansion Client Monitoring Report. Client data from TARGET, MMIS, and CSDB.

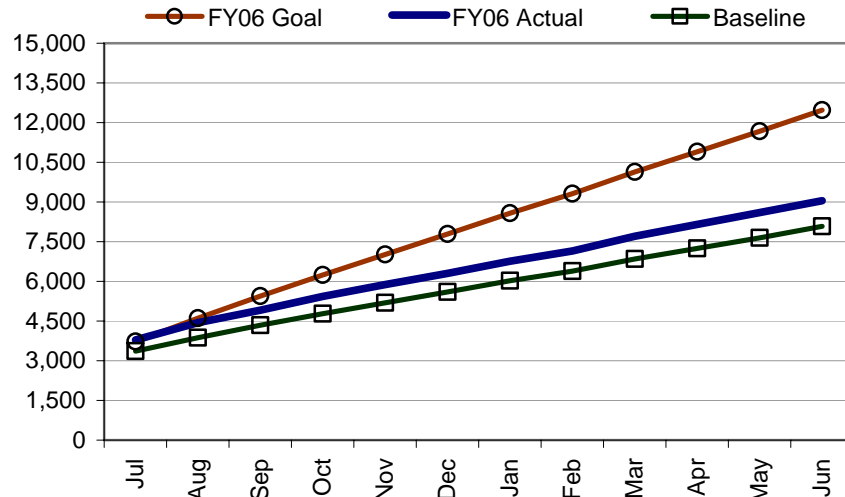
Treatment Expansion –progress by public assistance type

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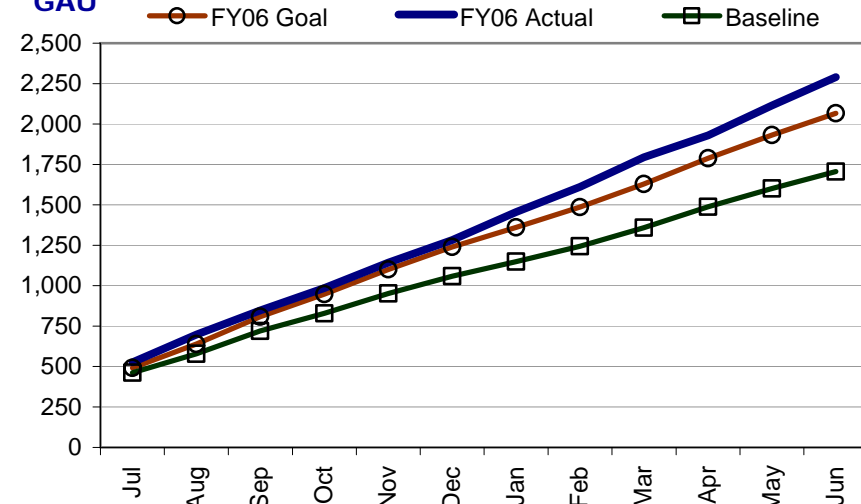
Goal: Increase treatment services for aged, blind, disabled, and other Medicaid-eligible adults.

Measure: The number of adults in publicly funded treatment for each specified public assistance type.

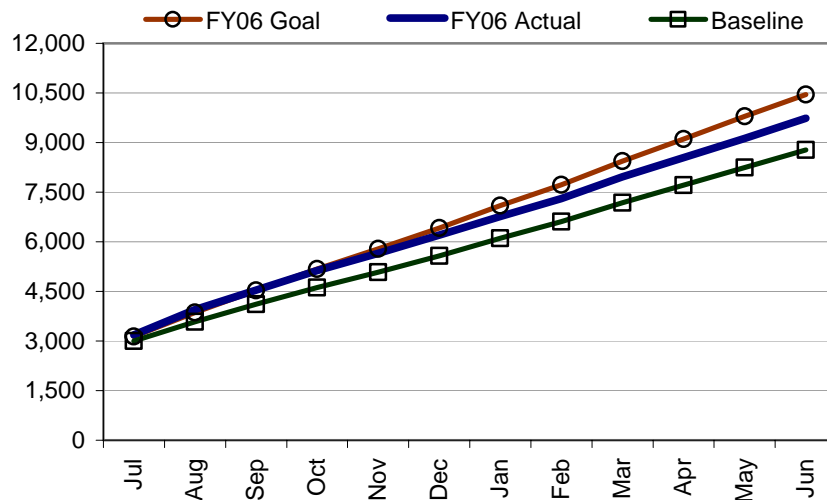
Medicaid Disabled



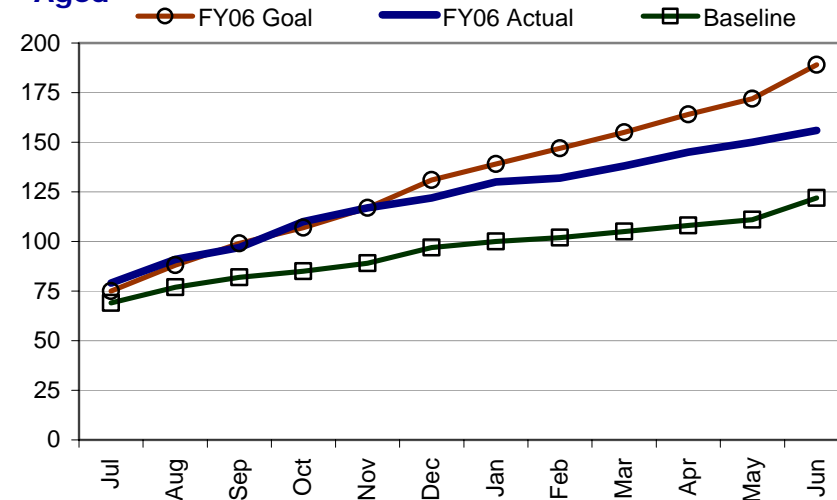
GAU



TANF/Other Medicaid



Aged



SOURCE: DSHS-Research and Data Analysis. DASA Treatment Expansion Client Monitoring Report, September 2006.

Treatment Expansion – Analysis

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Analysis:

Despite lagging numbers in the client count, treatment expansion is having a positive effect.

The positive

- Significant cost offset savings will be realized with increased treatment.
- Emphasis on specific populations hasn't displaced other groups. More people are being treated for chemical dependency this year than ever before. More than 23,000 people have *successfully completed* publicly funded treatment since July, 2005.
- The distribution of new clients is consistent with targets set for Treatment Expansion.
- Additional measures of treatment effectiveness, including treatment retention, treatment completion, and post-treatment employment have remained stable despite the increased number of patients and drawing in a more difficult population to serve.

The negative

- Fewer Medicaid Disabled clients are being served through Treatment Expansion than projected.
- Expenditures are lower than anticipated.

Action	Who	Due Date
Better meet the needs of clients living in residential facilities by identifying at least one facility in each region to serve as pilot sites for the Group Care model.	Counties and DASA	2 by 30-June-06 6 by 31-Dec-06
Targeted mailing through physicians to Medicaid clients in Pierce, Clark, Yakima, and Spokane counties. (Start date changed due to confidentiality concerns needing to be addressed.)	HRSA	1-Nov-06
Follow up round of "secret shopper" calls to treatment providers to determine any problems in receiving an assessment within 14-days.	DASA Staff	30-Sep-06 ✓
Increase treatment capacity by seeking additional qualified Chemical Dependency treatment providers.	DASA Staff	31-Dec-06

Group Care Model Implementation

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Goal: Adjust treatment modality options to better meet the needs of clients living in Nursing homes.

Measures: 1. The number of facilities with group care treatment models available.
2. The number of Medicaid-disabled clients admitted for treatment.

Summary: Contracts have been executed and clients are beginning to be admitted.

Total number of sites: 16

Anticipated number of clients to be admitted: 440 Total number of clients admitted to date: 16

Additional projects under development in: Clallam, Snohomish, Benton/Franklin, and Chelan/Douglas

Region 1: No clients admitted

AGENCY: To be determined

HOST SITES: (est. 45 clients, start Oct 1, 2006)

- 1) The Gardens - Spokane
- 2) Franklin Hills – Spokane

AGENCY: New Horizons

HOST SITE: (est. 35 clients, start Oct 1, 2006)

- 1) St. Joseph's - Spokane

Region 2 : 2 clients admitted

AGENCY: Central Washington Comprehensive Mental Health

HOST SITES: (est. 60 clients, start Aug 1, 2006)

- 1) Toppenish Nursing Home and Rehab Center – Toppenish
- 2) Emerald Care Nursing Home – Wapato

Region 3: No clients admitted

AGENCY: Phoenix Recovery Services

HOST SITE:

To be determined

Region 4: 2 clients admitted

AGENCY: Therapeutic Health Services

HOST SITE: (est. 60 clients, start Jul 1, 2006)

Gardens – Issaquah

Region 5: 5 clients admitted

AGENCY: West Sound Treatment Center

HOST SITES: (est. 60 clients, start Sep 1, 2006)

- 1) Bremerton Health & Rehab Center and
- 2) Evergreen Bremerton Health & Rehab Center

AGENCY: Reflections Recovery & Learning Center

HOST SITE: (est. 60 clients, start Aug 1, 2006)

- 1) Bellaire Rehab Center
- 2) Park Rose

Region 6: 7 clients admitted

AGENCY: Thurston/Mason Counties

HOST SITES: (est. 60 clients, Jul 1, 2006)

- 1) Evergreen Nursing & Rehab- Olympia
- 2) Firlane - Shelton

AGENCY: Clark County

HOST SITES: (est. 60 clients, Jul 1, 2006)

- 1) Evergreen Inn - Vancouver
- 2) Central Park Place - Vancouver
- 3) Vancouver Health and Rehab



Service Delivery Improvement

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Goal: Reduce wait times for assessments and admissions and prioritize treatment expansion clients.

Measure: The number days wait for an assessment at each facility.

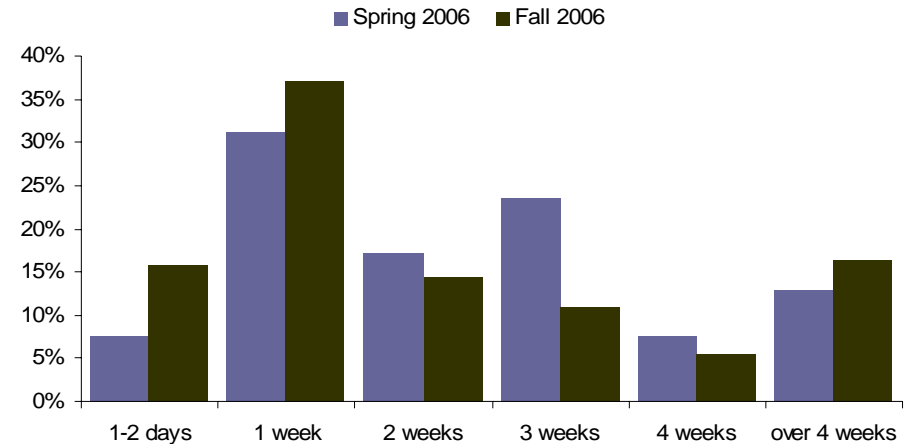
Analysis:

Following the last round of "secret shopper" calls to determine the wait times for an assessment, DASA staff worked with treatment agencies to correct any misunderstandings about the prioritization of treatment expansion clients.

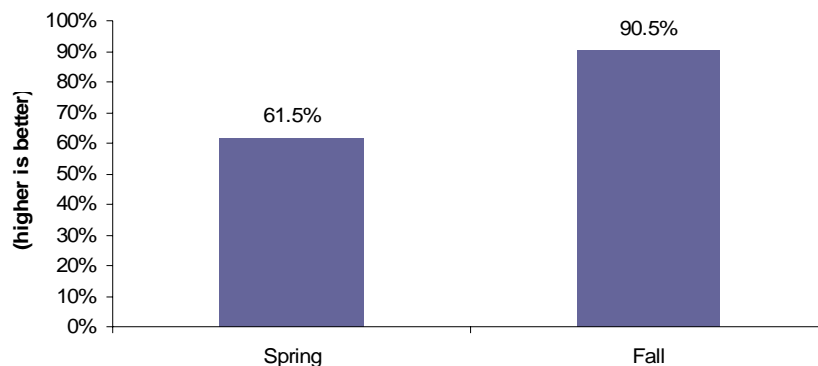
The most recent round of calls showed a marked improvement in the wait time for an assessment.

There were also improvements in the number of agencies that recognized the call as a treatment expansion eligible client, and a decrease in the number of calls required to make contact with someone at the agency.

Wait Time for an Assessment



Responses Stating the Client Was Eligible



Number of Calls Required before Talking to Live Person

